Twins clubs are run by families who have had twins or triplets and have a large resource of useful information to share. They meet to help, support, inform and socialise. Details can be found on the Tamba website.

**The Rosie Twins Night**
An evening meeting led by a midwife and held at regular intervals during the year. This is a structured and informative evening to discuss the many aspects of having twins/triplets. Dates of meetings are displayed in The Rosie departments or you can enquire at Rosie reception. Booking is essential. Please telephone: 01223 217617 or email rosieparentedbooking@addenbrookes.nhs.uk

**Other formats:**
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

**Document history**

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Pregnancy
Congratulations on finding out that you are expecting twins or triplets!

Expectant parents can feel a mixture of emotions at the prospect of having twins, triplets or more. The best way to cope is to be as prepared as possible for your pregnancy and the birth of your babies.

After you have had your first ultrasound scan, a plan of care will be made for you which will involve consultant led care. This means that you will be offered visits to The Rosie Hospital for antenatal checks and ultrasound scans on an increasingly regular basis. During these antenatal checks we will closely monitor the health of both you and your babies. This could mean that you may have only limited contact with your community midwife and GP.

Types of twins
There are three types of twins. The biological principles are the same for triplets, though these are more complex than with twin pregnancy.

Identical twins
Identical (monozygotic) twins happen when a single egg (zygote) is fertilised. The egg then divides into two, creating identical twins who share the same genes as one another. Identical twins are always the same sex, so if your twins are identical you’ll have two girls or two boys, and they’ll look very alike.

Feeding preterm babies
Problems of prematurity include the baby’s inability to maintain their body temperature and blood sugar levels. These babies also need help to feed regularly as their sucking and swallowing abilities are immature. They may also require blood sugar monitoring. A cup feed or a feeding tube (a ‘nasogastric’ tube) is sometimes used until the baby is more independent with feeding. Preterm babies may also be given vitamin and iron supplements with their feeds.

Each baby will require individual care and feeding regimes. This will be explained to you but please remember to ask for help whichever way you choose to feed your babies, and staff will support you.

The Multiple Births Foundation and TAMBA have useful leaflets about feeding twins, triplets and more. Visit the websites for more information.

Useful support groups
- **Tamba (Twins and Multiple Birth Association)**
  Helpline: 0800 138 0509 [www.tamba.org.uk](http://www.tamba.org.uk)
- **Twinsonline** - [www.twinsonline.org.uk](http://www.twinsonline.org.uk)
- **Multiple Births Foundation** [multiplebirths.org.uk](http://multiplebirths.org.uk)
- **Cambridgeshire Children’s Centres** [www.cambridgeshirechildrenscentres.org.uk](http://www.cambridgeshirechildrenscentres.org.uk)
- **Cambridge Twins, Triplets & more Club**
  Breastfeeding drop-ins – search on Rosie website
  Cambridgeshire Infant Feeding Group on Facebook – if you ‘like’ they will send you daily notifications.
If your babies are born prematurely before 37 weeks of pregnancy, breast milk is especially important because it is more easily digested and tolerated than formula milk and helps the underdeveloped gut to mature. Even if your babies cannot breastfeed immediately we will show you how to express breast milk initially by hand and then, as the volume increases, using a breast pump. This will enable you to establish and maintain your supply until your babies are able to feed for themselves.

Your breast milk is so important and all you are able to obtain by hand or by using the pump will be given to your babies. Electric pumps are available for you to use on the postnatal ward and on the neonatal unit.

As the mother of twins or more, please ask for extra support, both in hospital and once you are back at home, as you feel you need it. It may also help to visit a local twins club and breastfeeding drop-ins and ask questions to mums who are breastfeeding already.

**Formula feeding**

You may choose to feed your babies formula milk for a variety of reasons. If you have made an informed decision to formula feed you will be given equal care and support, but the hospital does not provide formula milk, unless your babies require it for medical reasons. If you decide before the babies are born that you are going to formula feed, you will need to bring in enough cartons of your chosen brand of ready-made milk. Make sure it is first infant formula suitable for newborns. The hospital will provide bottles and teats and a fridge to store them in.

Should you choose to formula feed, ensure you buy enough bottles and teats and a system to sterilise them, and learn how the equipment works before you bring your babies home.

**Non-identical twins**

Non-identical (dizygotic) twins happen when two separate eggs are fertilised and then implant into the womb (uterus). These non-identical twins are no more alike than any other two siblings. Non-identical twins are more common. The babies may be of the same sex or different sexes. One-third of all twins will be identical and two-thirds non-identical.

If your babies share a placenta they will be identical. If they have two separate placentas they may or may not be identical:

- Dichorionic diamniotic (DCDA) twins have their own separate placenta with its own separate inner membrane (the amnion) and outer membrane (the chorion).
- Monochorionic diamniotic (MCDA) twins share a single placenta with a single outer membrane and two inner membranes.
- Monochorionic monoamniotic (MCMA) twins share both the inner and outer membranes.

For more information on what type of twins/triplets you are expecting, please ask your midwife or doctor.

**Be prepared**

It is quite normal for twins to be born around two to four weeks prior to your due date (36 to 38 weeks of pregnancy) and for triplets around four to eight weeks early (32 to 36 weeks of pregnancy).
It is therefore advisable to be as prepared both mentally and physically as possible:

- You may be more tired and less mobile during your pregnancy and may decide to give up work earlier than planned. This may have financial implications for you.

- Gather as much information as possible regarding caring for twins or triplets. Think about the impact of having two or three babies to look after at the same time. What help will you have? Have you got other children to consider? Involve them as much as possible. You will find that the focus of attention is very much on ‘the twins’/’the triplets’ when they arrive and an older sibling can feel left out.

- Ask other parents who already have twins or triplets for advice. Join a local twins club, find out about TAMBA (Twins and Multiple Birth Association) and see the other useful contacts at the end of this leaflet. Come to the Rosie Twins night. Booking details at end of this leaflet.

- Having more than one baby can be expensive, so it’s worth getting advice from other twins families about what you really need so you don’t waste money on unnecessary extras. If you consider buying second hand equipment such as cots, always ensure you buy a new mattress for each one, and be wary of buying second-hand car seats, as you must be certain they have not been involved in an accident.

- You may consider registering with Home-Start, a voluntary organisation, who can help you at home once the babies are born. For more information call 01223 210202.

Preterm babies (born before 37 weeks) need varying degrees of care:

- Babies born before 32 weeks will need to be cared for in the neonatal unit. The plan of care will be explained to you by the doctors and neonatal nurses, and the length of stay will vary enormously.
- Babies born between 32 and 34 weeks of pregnancy with no additional complications other than prematurity may need to stay for two to four weeks.
- Babies born after 35 and up to the 37th week of pregnancy, with no additional complications other than prematurity may need to stay for 10 to 14 days.
- If your babies are born after 37 weeks of pregnancy and establish feeding well, your babies may be going home after one to five days.

**Feeding your babies**

The Rosie is committed to encouraging mums to breastfeed their babies and staff will be able to support you to breastfeed. You may worry about breastfeeding twins or more, but it certainly is possible and has many health benefits for the mother and babies.

However you choose to feed your babies, skilled support is really helpful in building your confidence so you may like to find out in advance what people and services are available both in the hospital and community to support you. Have a look at the Rosie website for information about breastfeeding drop-ins.

**Breastfeeding**

Breast milk gives your babies all the nutrients they need and is a rewarding experience with many health benefits for both you and them. It has a deep impact on your babies’ survival, health, nutrition and development. The best way to get breastfeeding off to a good start is to spend time in skin to skin contact with your babies.
Whatever type of birth you are having, more medical professionals may ask to enter the delivery room around the time of birth. These people include midwives, doctors, paediatricians and neonatal nurses. The number of people present depends on the number of babies you are expecting and the gestation of your pregnancy.

Your babies

Babies born after 37 weeks of pregnancy will usually just need time and patience to establish feeding. The midwives and other staff members will give you support and advice in learning to care for your babies and to get feeding off to a good start.

If your babies are born before 37 weeks of pregnancy they are considered to be preterm, and they may need care on the neonatal unit immediately after birth. Unfortunately, this may involve a short period of separation from you, but your partner will be able to visit and take photos for you. When you have had time to recover from the birth and no longer need to be cared for on the delivery unit you can be taken to be reunited with your babies.

You will be fully informed and involved with the care of your babies wherever they receive their care but please be aware that each baby is considered as an individual and it is possible that they may need different care in different places.

Postnatal

The length of your postnatal stay is variable. It depends on how many weeks pregnant you are when your babies are born and what type of birth you have had. It is possible that your babies will need to stay in hospital longer than you.

You may also like to consider doula support, which can be obtained free if necessary, either through the Doula UK Access Fund or through your local children’s centre. For more information visit [www.doula.org.uk/content/doula-access-fund](http://www.doula.org.uk/content/doula-access-fund)

It is useful if you can attend antenatal classes run by a community midwife, but remember to book up early. This will give you the opportunity to learn about labour, feeding and postnatal care.

Ensure you always carry your antenatal care record (handheld notes) with you. The record contains essential information about your health and your pregnancy.

Pack your bag for hospital early (around 29 weeks). Don’t get caught out by having to pack your bag in a hurry, and pack a separate bag for your babies.

Birth

When thinking about the timing and safest way for your babies to be born, there are many factors which must be considered and you can discuss all your options with an obstetrician in the antenatal clinic. This will help you to make an informed decision about which way your babies will be born and the best time in your pregnancy for this to happen.

It is usual for triplets to be born by a planned ‘elective’ caesarean section between 34 and 36 weeks of pregnancy. If you are pregnant with triplets and you go into labour before your planned delivery date, a caesarean is still the recommended method of delivery.

With an uncomplicated twin pregnancy, women are given the option of an induction of labour at around 38 weeks of pregnancy or to await natural, spontaneous labour.
However, approximately 4 out of every 10 sets of twins are born before 37 weeks of pregnancy.

If at any stage in your pregnancy you feel like you may be in labour or have symptoms you are unsure about, it is advisable to contact the delivery unit/ maternity assessment unit (clinic 23) contact 01223 217217 immediately (open 24hrs). It is likely that you will be asked to attend for assessment and monitoring.

**Vaginal birth**

When you are in labour, the wellbeing of you and your babies will be monitored closely. Monitoring includes blood pressure measurements, taking your temperature and pulse rate regularly, a scan to define the position of your babies and blood tests. Continuous heart monitoring of both twins is also recommended when you are in labour in accordance with hospital guidance and the National Institute for Care Excellence (NICE) guidelines.

Having an epidural in labour will be discussed with you during labour, so that you can have one in place in case you require assistance in the delivery of the second baby. For example, if twin two needs re-positioning once twin one has been born, an epidural can ensure you are comfortable while this is being achieved. An epidural will also give you adequate pain relief should an assisted delivery (forceps or ventouse) be required. All care will be discussed with you at the appropriate time.

After the first twin is born it is recommended that a drip containing a hormone called oxytocin is started. The oxytocin drip ensures that more contractions follow immediately to encourage the second twin to be born.

An ultrasound scan may be required at this point to establish the position of the second twin. It is likely that you will be asked if the waters of the second twin can be broken by the midwife or doctor. This is known as an ARM (artificial rupture of membranes).

It is common for there to be a 20 or 30 minute delay between the birth times of the first and second twin. The placentas are often fused together and are delivered after the birth of the second twin. You will be offered an injection called Syntometrine® (ergometrine maleate and oxytocin) to encourage the delivery of the placenta. This drug will also minimise the amount of bleeding after the delivery.

**Caesarean section**

Your obstetrician may suggest that your babies are born by caesarean section. The reasons for a planned or ‘elective’ caesarean section will be discussed with you and you will be offered information on all the risks and benefits of this mode of birth.

If you know that your babies are going to be born by caesarean section without going into labour, it would be useful to read the patient information leaflet ‘Caesarean section: a guide to anaesthesia’.

Even if you plan a vaginal birth, you are free to change your mind and can discuss this with the obstetrician. Alternatively circumstances may change and you, or your babies, may require a caesarean. It can feel useful to research and talk through your options and preferences for both scenarios so that you feel prepared, whatever happens.

When babies are born by caesarean section there is usually around a minute gap between the birth times of the babies.